

For 1998 or Fiscal Year beginning _____ and ending _____ 19 ____ • ____ • ____

• Name of Estate or Trust	• FEDERAL IDENTIFICATION NUMBER
• Address - Street and Number, P. O. Box or Rural Route	Date trust was created, or, if an estate, date of decedent's death.
• City, Town or Post Office, State and Zip Code	

<input type="checkbox"/> ORIGINAL RETURN	• <input type="checkbox"/> AMENDED RETURN	A. FEDERAL RETURN		B. ARKANSAS INCOME	
1. Dividends.	1		00	1	00
2. Interest Income.	2		00	2	00
3. Income from Partnerships, Fiduciaries, etc.	3		00	3	00
4. Rent and Royalty Income.	4		00	4	00
5. Net Profit from Trade or Business.	5		00	5	00
6. Capital Gain(s).	6		00	6	00
7. Other Income.	7		00	7	00
8. Total Income.	8 •		00	8 •	00
9. Interest Paid.	9		00	9	00
10. Taxes Paid.	10		00	10	00
11. Other Deductions.	11		00	11	00
12. Total Deductions.	12 •		00	12 •	00
13. Adjusted Income.	13		00	13	00
14. Amounts to be distributed to beneficiaries.	14 •		00	14 •	00
15. Net Taxable Income.	15		00	15	00
16. Enter Tax from Table using amount on Line 15, Column A <input type="checkbox"/> REGULAR TAX TABLE 2 • <input type="checkbox"/> AR1002GW				16	00
17. Personal Tax Credit.	17		20 00		
18. Other State Tax Credits.	18 •		00		
19. Business and Incentive Tax Credits.	19 •		00		
20. Total Tax Credits (Add Lines 17 - 19).				20 •	00
21. Tax Liability: (Subtract Line 20 from Line 16).				21 •	00
21A. Enter the Amount from Line 15, Column B.	21A		00		
21B. Enter the Amount from Line 15, Column A.	21B		00		
21C. Divide Line 21A by Line 21B and enter percentage here.				21C •	%
21D. Apportioned Tax Liability. (Multiply Line 21 by Line 21C).				21D •	00
22. Estimated Tax Paid or Credit brought forward from last year.	22 •		00		
23. Tax paid with Extension.	23 •		00		
24. Payments with Original Return. (See Instructions).	24 •		00		
25. Total Payments.	25		00		
26. Overpayments received. (See Instructions).	26 •		00		
27. Balance of payments subject to liability.				27	00
28. Overpayment.				28 •	00
29. Amount to be applied to 1999 Estimated Tax.	29 •		00		
30. AMOUNT TO BE REFUNDED TO YOU.				30 •	00
31. AMOUNT DUE.				31 •	00

Beneficiaries share of income: _____				Number of Beneficiaries to receive distribution: _____			
FIRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	AMOUNT
							00
							00
							00
							00
							00

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, the statements are true and complete.		OFFICE USE ONLY	
Taxpayer's Signature _____	Date _____	A •	
Preparer's Signature _____	Date _____	B •	
Name _____	ID/SSN • _____	C •	
Address _____	City, State and Zip _____	D •	
		E •	
		F •	
		G •	
		H •	